

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040161

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5496

STATE FILE NUMBER

VS 300
Rev. 4/59

1

23558

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4 2

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9/1930

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12 51-0

13

DATE AMENDED
10-17-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF
October 12, 1963

ITEM NO. SHOULD READ
23b Oct. 14, 1963

DOCUMENT

BY AFFIDAVIT OF Funeral Director

Medical Certification
Ned W. Smill

FILED OCT 24 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
6 yrs.
51-0

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION The Children's Mercy Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3539 Euclid

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Bernard - Simmons

4. DATE OF DEATH
Month Day Year
October 9 1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
12/24/196

9. AGE (last birthday)
6
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
child

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Tricy Simmons

13b. MOTHER'S MAIDEN NAME

Dorothy Mae Skillman

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Dorothy Simmons 3539 Euclid, K. C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MEDULLABLASTOMA OF CEREBELLUM

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DIS TO (b)

INCISIONAL HEMATOMA

DIS TO (c)

CEREBRAL EDEMA

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-3-63 to 10-9-63 and last saw her alive on 10-9-63
Death occurred at 1:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Ned W. Smill M.D.

22b. ADDRESS

1710 Independence Avenue

22c. DATE SIGNED

10/9/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-12-63

23c. NAME OF CEMETERY OR CREMATORY

Lincoln

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

Watkins Bros. Funeral Home 18th & Benton

ADDRESS

25. DATE RECD. BY LOCAL REG.

10-10-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

OCT 8 1963

22

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis J. Walker

Licensed Embalmer No. 4500

P. O. Address 1875 E. Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.